

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO
INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number 09/748724
 Filing Date December 26, 2000
 First Named Inventor Vanderlinde, Scott
 Group Art Unit 3762
 Examiner Name Bockelman, Mark

Attorney Docket No: 279.341US1

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
MB	US-4,928,688	05/29/1990	Mower, M. M.	128	419 PG	01/23/1989
MB	US-RE 38,119	05/20/2003	Mower, Morton M.	607	9	01/23/1989

FOREIGN PATENT DOCUMENTS

Examiner Initials *	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T ¹
---------------------	---------------------	------------------	---	-------	----------	----------------

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No *	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ¹
		MOWER, MORTON, U.S. Patent Office Patent Application Information Retrieval (PAIR) search results for U.S. Patent Application Serial No. 10/214,474, filed on 8/8/02 entitled "METHOD AND APPARATUS FOR TREATING HEMODYNAMIC DISFUNCTION", 3 pgs.	

The examiner acknowledges the information provided on these sheets, however the listing of pending applications is inappropriate for printing on applicant's patent MWB 12/1/03

EXAMINER

Mark Bockelman

DATE CONSIDERED 12-1-03

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached